

WELCOME!

		FORMATION		Client # (Office Use)
OWNER INFORMATION MS Miss (Please circle one)				()
	Last Name	First Name	Middle	Cell #
Address	Apartment #	City	State	Zip
				()
Email Address	OK to Text?	□ Yes □	No	Other #
SPOUSE/ CO- Mr Mrs Dr OWNER Ms Miss (Please circle one)				()
	Last Name	First Name	Middle	Cell #
<u>A:</u>		-		()
Street	City	State	Zip	Other #
() Emergency Contact #	Emergency Contact Name	() Owner Work #		_

PET INFORMATION

						Male/Female Spayed/Neutered	
Pet 1	Breed / Spe	cies		Color		Sex (please circle)	Age or DOB
						Male/Female Spayed/Neutered	
Pet 2	Breed / Spe	cies		Color		Sex (please circle)	Age or DOB
						Male/Female Spayed/Neutered	
Pet 3	Breed / Spe	cies		Color		Sex (please circle)	Age or DOB
What Pet Insurance do your Pets Have:						Policy #:	
How did you hear ab	out us? (Please circle one)	Friend	Website	Google	Yelp	Pet Store	Other

If Friend or Store, please let us know who so we can thank them

I hereby give Baseline Animal Hospital permission to take photographs and videos of my pet for the purpose of posting on Baseline Animal Hospital's Facebook, Instagram, YouTube, Twitter, clinic website or other Social Media. I hereby release and discharge Baseline Animal Hospital from any and all claims arising out of use of the photos.

For your convenience, we accept Cash, Visa, Mastercard, Discover, American Express and Care Credit. Payment is expected at release, and a deposit may be required for surgical treament or hospitalization.

I hereby authorize the Veterinarian to examine, prescribe for, or treat all pets I bring in under my account. I give voluntary and informed consent for my pet(s) to undergo treatment and services and release Baseline Animal Hospital, its doctors and staff from all liability and claims. I assume responsibility for all charges incurred in the care of this animal(s). We require all pets to be free of fleas/ticks and to have a maintained coat during any hospital stay. In the event your pet should need such services, we will make every effort to contact you before any services are performed. Any boarding animalnot picked up within the time required by Sec.1834.5 of the California Civil Code shall be deemed abandonded by the owner and will be disposed of according to Sec. 1835.5 of the California Civil Code.

I have read and will comply with these terms.

Signature (Owner or Authorized Agent)

(909) 987-4788